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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) RECAR:10US

In re Application of Randolph B. Lipscher

Application Number 09/440,557

Filed 11/15/99

For Electronic Healthcare Information & Delivery Mgmt

Art Unit 3626

Examiner Robert W. Morgan

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_
- ☐ Two months (37 CFR 1.17(a)(2)) \$ \_\_\_\_\_
- ☒ Three months (37 CFR 1.17(a)(3)) \$ 930.00
- ☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_
- ☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 465.00

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 50,776

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

Adjusted date: 11/25/2003 AKELLEY  
09/23/2003 AWONDAF1 00000094 09440557  
02 FC:2253

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Sept. 16, 2003

Date

512-873-0201

Telephone Number

Signature

John R. Schell

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

09/23/2003 AWONDAF1 00000094 09440557

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465.00 OP

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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/21/03</u>		2 Serial/Patent # <u>09/440,557</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	#14	9.22.03	\$ 465.							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 465.							
		8 TO BE REFUNDED BY: <u>Cred. F CARD</u>									
		Treasury Check <u>C</u>									
		Credit Deposit A/C #:									
10 REASON:		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">--</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>					--				
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	Overpayment										
	Duplicate Payment										
	No Fee Due (Explanation):										
<u>Extension filed late.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		TITLE: <u>Per Spec</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>307 6941</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/25/03</u>									

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